2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

	ANNUAL	. REPORT							
DOCUMENT	# L04000091	581			SI	FD			
1. Enlity Name KENNETH STEPHENS LLC				制制		.F.U			
					03 SEH -6	PM 4:58			
Principal Place of Business PO BOX 523		Mailing Address PO BOX 523		S TA	ECRETARY	OF STATE			
PANACEA, FL 32346		PANACEA, FL 32346		 !-	LLAHASSE	OF STATE E. FLORIDA			
Principal Place of Busine	oce	3. Mailing Address		7,					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	//	1	09062005	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State		1	4. FEI Numb	er			oplied For ot Applicable
Zip	Country	Zip	Countr	у	5. Certificate	of Status Desired		5.00 Add	
6. Name	and Address of Current	Registered Agent	<u>'</u>	Name	7. Name and	Address of New F		<u> </u>	
STEPHENS, KENNETH			-	Name Street Address (P.O. Box Number is Not Acceptable)					
228 JOE MACK SMI ³ PANACEA, FL 32 <mark>3</mark> 4			-	Street Addres	s (P.O. Box Numb	er is Not Acceptable	9)		
			}	City	· · ·		FL	Zip Code	e
		or the purpose of changing its	s registered	d office or regis	tered agent, or bo	oth, in the State of Flo		miliar with,	and accep
the obligations of registe	ered agent.								
Signature, typed of	or printed name of registered agent	and title if applicable. (NOT	TE: Registered	Agent signature requ	ired when reinstating)		DATE		
Filing Fee is	\$50.00			•		Mak	e check pa	vable to	
Due by Septem	ber 7, 2005					Florid	a Departme	nt of State	Э
9.	MANAGING MEMBE		10.			ADDITIONS			
TITLE MGRM NAME STEPHEN	S, KENNETH	Delete	TITLE NAME			~ ·~ ·~ ·~ ·		Change	☐ Addition
STREET ADDRESS PO BOX 5	23 v. FL 32346		STREE	T ADDRESS	اکے 09/0	0 0059 4 3/0501059	4 60 5 5006	\$12 **50.	.00
FILE PANACEA	A, FL 32346	□ Delete	TITLE	51-217				Change	☐ Addition
NAME	F) 1	/	NAME					LLI GINGNAGO	
STREET ADDRESS CITY-ST-ZIP	' \ \ \ \/	(CITY-S	T ADDRESS ST-ZIP					
TILE /) //	☐ Delete	TITLE					☐ Change	Additio
STREET ADDRESS	/ /		NAME STREE	T ADDRESS					
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STREET ADORESS				T ADDRESS					
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STREET ADDRESS			STREE	TADDRESS					
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NAME		C) Delete	NAME					change	Addition
STREET ADDRESS CITY-ST-209			STREET CITY-5	T ADDRESS ST-ZIP					
11. I hereby certify that the		this filing does not qualify fo	or the exem	nption stated in					
indicated on this report	t is true and accurate and	I that my signature shall have e empowered to execute this	the same	legal effect as i	if made under oat	n; that I am a mana			
_	N Al	Q2 /			<u> </u>	1/1/			
SIGNATURE: 2	rennelh	Stephon	4		7	16/05			
SIGNATURE A	NO TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MA	ANAGER, OR A	NUTHORIZED REPRI	ESENTATIVE	Date	Day	time Phone #	